

General

Title

Ambulatory surgery: percentage of ophthalmic anterior segment surgery patients diagnosed with toxic anterior segment syndrome (TASS) within 2 days of surgery.

Source(s)

ASC Quality Collaboration. ASC quality measures: implementation guide. Version 3.2. Saint Petersburg (FL): ASC Quality Collaboration; 2015 Oct. 37 p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Outcome

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of ophthalmic anterior segment surgery patients diagnosed with toxic anterior segment syndrome (TASS) within 2 days of surgery.

Rationale

Toxic anterior segment syndrome (TASS), an acute, noninfectious inflammation of the anterior segment of the eye, is a complication of anterior segment eye surgery that typically develops within 24 hours after surgery. Various contaminants, including those from surgical equipment or supplies, have been implicated as causes of TASS. Although most cases of TASS can be treated, the inflammatory response associated with TASS can cause serious damage to intraocular tissues, resulting in vision loss. Prevention requires careful attention to solutions, medications, and ophthalmic devices and to cleaning and sterilization of surgical equipment because of the numerous potential etiologies. Despite a recent focus on prevention, cases of TASS continue to occur, sometimes in clusters. With millions of anterior segment surgeries being

performed in the United States each year, measurement and public reporting have the potential to serve as an additional tool to drive further preventive efforts.

Clinical Practice Guidelines

The American Society of Cataract and Refractive Surgery Ad Hoc Task Force on Cleaning and Sterilization of Intraocular Instruments has published recommended practices for cleaning and sterilizing intraocular surgical instruments. The goal of these recommended practices is to prevent single-facility outbreaks of TASS related to contaminated or degraded instruments, and to facilitate the identification of causes of TASS and resolution of single-facility outbreaks of TASS when they occur.

Evidence for Rationale

American Society of Cataract and Refractive Surgery, American Society of Ophthalmic Registered Nurses, Hellinger WC, Bacalis LP, Edelhauser HF, Mamalis N, Milstein B, Masket S, ASCRS Ad Hoc Task Force on Cleaning and Sterilization of Intraocular Instruments. Recommended practices for cleaning and sterilizing intraocular surgical instruments. J Cataract Refract Surg. 2007 Jun;33(6):1095-100. [PubMed](#)

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Primary Health Components

Ambulatory surgery center (ACS); anterior segment surgery; toxic anterior segment syndrome (TASS)

Denominator Description

All anterior segment surgery patients (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

All anterior segment surgery patients diagnosed with toxic anterior segment syndrome (TASS) within 2 days of surgery (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

The measures included in this implementation guide have been developed using a multi-step process. Each has been vetted with both an internal panel of technical experts and an external panel of individuals and/or organizations with relevant expertise. All of the measures have been pilot tested in ambulatory surgery centers (ASCs) and assessed for validity, feasibility and reliability.

Evidence for Extent of Measure Testing

ASC Quality Collaboration. ASC quality measures: implementation guide. Version 3.2. Saint Petersburg (FL): ASC Quality Collaboration; 2015 Oct. 37 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Other

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Does not apply to this measure

Target Population Age

All ages

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Making Care Safer

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Getting Better

IOM Domain

Safety

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Therapeutic Intervention

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

All anterior segment surgery* patients

*Refer to the original measure documentation for specific Current Procedural Terminology (CPT) codes for anterior segment surgery.

Exclusions

None

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

All anterior segment surgery patients diagnosed with toxic anterior segment syndrome (TASS) within 2 days of surgery

Note:

Toxic Anterior Segment Syndrome (TASS): An acute, sterile postoperative anterior segment inflammation that develops following anterior segment surgery.

Within 2 Days of Surgery: Within 2 days of surgery, where the day of surgery is day 0.

Exclusions

None

Numerator Search Strategy

Fixed time period or point in time

Data Source

Paper medical record

Other

Type of Health State

Adverse Health State

Instruments Used and/or Associated with the Measure

Sample Data Collection Sheet: Toxic Anterior Segment Syndrome (TASS)

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a lower score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Toxic anterior segment syndrome (TASS).

Measure Collection Name

Ambulatory Surgery Center (ASC) Quality Measures

Submitter

Ambulatory Surgery Center (ASC) Quality Collaboration - Health Care Quality Collaboration

Developer

Ambulatory Surgery Center (ASC) Quality Collaboration - Health Care Quality Collaboration

Funding Source(s)

Ambulatory Surgery Center (ASC) providers; nursing, physician, and provider associations

Composition of the Group that Developed the Measure

Ambulatory Surgery Center (ASC) providers; nursing, physician, and provider associations; provider accrediting organizations

Financial Disclosures/Other Potential Conflicts of Interest

None

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2015 Oct

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

Measure Availability

Source available from the [Ambulatory Surgery Center \(ASC\) Quality Collaboration Web site](#)

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For more information, contact the ASC Quality Collaboration's Executive Director, Donna Slosburg, at E-mail: donnaslosburg@ascquality.org; Web site: ascquality.org .

NQMC Status

This NQMC summary was completed by ECRI Institute on December 22, 2015. The information was verified by the measure developer on January 26, 2016.

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Production

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